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DECLARATION FOR	Attorney Docket No.	UNDOO005					
UTILITY OR DESIGN	First Named Inventor	Gregory Hagan Moulton					
PATENT APPLICATION	COMP	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number						
☑ Declaration OR ☐ Declaration Submitted Submitted after	Filing Date	Herewith					
with Initial Initial Filing	Group Art Unit						
Filing surcharge 37 C 1.16(e) required							

As a below named Inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SYSTEM AND METHOD FOR INTELLIGENT, GLOBALLY DISTRIBUTED NETWORK STORAGE									
the specification of which									
is attached hereto									
OR									
was filed on (MM/DD/YYYY)	as U.S. Application No. or PCT International Application No.								
and was amended on (MM/DD/YYYY)	(if applicable)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
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I hereby claim foreign priority benefits under 35 U.S.C inventor's certificate, or § 365(a) of any PCT internation than the United States of America, listed below and har application for patent or inventor's certificate, or of any the application on which priority is claimed.	§ 119(a)-(d) or 365(bal application which	o) of any foreign designated at le	application(s) feast one country	for patent or by other					
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and the national or PCT international filing date of this app U.S. Parent Application or PCT Parent No.			uns applic	Parent Filing Date (MM/DD/YY)				Parent Patent No. (if applicable)					
☐ Additiona	al U.S. or	PCT internati	ional a	oplication	n nos. liste	ed on	PTO/SE	3/02E	3 attach	ed h	ereto.	·ati.	on and to
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith: ☐ Customer Number 25235 Place bar code label here → OR ☐ Registered practitioner(s) name/registration number listed below 25235													
	Name			Registra Numbe	tion			Nan		ADEM.	MARK OFFICE Registration Number		
		ed practitione				ntal s	heet PT	O/S					
Direct all cor	responde	ence to: 🔲 C		er Numb ode Lab					OR ———		Correspoi address t		
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Country	US		Telepl	none	(719) 44	8-59	09			Fa	ax (719) 448-5922		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	le or Firs	t Inventor:		A petition	has beer	filed	for this						
Given Name (first and middle [if any]) Family Name or Surname													
Gregory Hagan					Moulton								
Inventor's Signature	,	Date											
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Post Office	Post Office Address 6 Bayberry Way												
Post Office	Post Office Address												
City Irvine State CA ZIP 926					312		Country USA						
⊠Additiona	l inventor	s are named	on	supplem	nental add	itional	invento	or(s)	sheet(s) PT	O/SB/02A	atta	ached

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page __1__ of __1___

Name of Additional Jo	al Joint Inventor, if any:					unsigned inventor		
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Inventor's Signature						Date		
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Name of Additional Jo	oint Inventor, if any:	☐ A petit	ion has	been filed	for this un	signed invento	or	
Given Name (first a	and middle [if any])			Family	Name or	Surname		
Inventor's Signature			-			Date		
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:						unsigned inve	ntor	
Given Name (first	Family Name or Surname							
Inventor's Signature		Date						
Residence: City		State		Country	Citizenship			
Post Office Address								
Post Office Address								
City		State		ZIP		Country		